Fill in this information to identify your case:								
Debtor 1	LISA RENEE TOTTEN RAMEY							
Debtor 2 (Spouse, if filing)								
United States E	Bankruptcy Court for the: District of Nevada							
Case number (if known)								

Check as directed in lines 17 and 21:									
According to the calculations required by this Statement:									
1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).									
 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3). 									
☐ 3. The commitment period is 3 years.									
4. The commitment period is 5 years.									
☐ Check if this is an amended filing									

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Par	1: Calculate Your Average Monthly Income						
1.	What is your marital and filing status? Check one of	only.					
	■ Not married. Fill out Column A, lines 2-11.						
	☐ Married. Fill out both Columns A and B, lines 2-11						
1 th	II in the average monthly income that you received from a 01(10A). For example, if you are filing on September 15, the 6-e 6 months, add the income for all 6 months and divide the toto ouses own the same rental property, put the income from that	month pe al by 6. Fi	riod would	l be March 1 throu sult. Do not includ	gh August 31. If the amo e any income amount m	ount of your monthly incom ore than once. For examp	ne varied during le, if both
					Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime payroll deductions).	, and co	mmissio	ons (before all	\$ 12,553.53	\$	
3.	Alimony and maintenance payments. Do not includ Column B is filled in.	e payme	ents from	a spouse if	\$	\$	
4.	All amounts from any source which are regularly p of you or your dependents, including child suppor from an unmarried partner, members of your househo and roommates. Do not include payments from a spot you listed on line 3.	r t. Includ ld, your	le regula: depende	r contributions nts, parents,	\$0.00	\$	
5.	Net income from operating a business, profession, or farm	Debtor	-				
	Gross receipts (before all deductions)	\$_	0.00				
	Ordinary and necessary operating expenses	- \$ _	0.00				
	Net monthly income from a business, profession, or fa	rm \$ _	0.00	Copy here ->	\$ 0.00	\$	
6.	Net income from rental and other real property	Debtor					
	Gross receipts (before all deductions)	\$_	0.00				
	Ordinary and necessary operating expenses	- \$ _	0.00			•	
	Net monthly income from rental or other real property	Φ.	0.00	Copy here ->	\$ 0.00	\$	

Case number (if known)

LISA RENEE TOTTEN RAMEY

Debtor 1

			Column A Debtor 1		Column B Debtor 2 non-filing	or	,
7. Inte	erest, dividends, and royalties		\$	0.00	\$		_
8. Un	employment compensation		\$	0.00	o \$		_
the	not enter the amount if you contend that the amount received was a benefit ur Social Security Act. Instead, list it here:	nder					
F	For you \$ 0.00						
ben not Uni disa pay doe	nsion or retirement income. Do not include any amount received that was a nefit under the Social Security Act. Also, except as stated in the next sentence, include any compensation, pension, pay, annuity, or allowance paid by the ited States Government in connection with a disability, combat-related injury or ability, or death of a member of the uniformed services. If you received any retion paid under chapter 61 of title 10, then include that pay only to the extent that it is not exceed the amount of retired pay to which you would otherwise be entitle extered under any provision of title 10 other than chapter 61 of that title.	r ired it	\$	0.00	D \$		
10. Inc Do rece don Uni disa	ome from all other sources not listed above. Specify the source and amou not include any benefits received under the Social Security Act; payments eived as a victim of a war crime, a crime against humanity, or international or nestic terrorism; or compensation, pension, pay, annuity, or allowance paid by ited States Government in connection with a disability, combat-related injury or ability, or death of a member of the uniformed services. If necessary, list other urces on a separate page and put the total below.	the					_
			\$	0.00	\$		
			\$	0.00	\$		
	Total amounts from separate pages, if any.	+	\$	0.00	\$		_
art 2:	Determine How to Measure Your Deductions from Income						otal average nonthly income
	py your total average monthly income from line 11.					\$	12,553.53
	You are not married. Fill in 0 below.						
	You are married and your spouse is filing with you. Fill in 0 below.						
	You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT redependents, such as payment of the spouse's tax liability or the spouse's support of the spouse's tax liability or the spouse's support of the spouse's tax liability or the spouse's support of the spouse's tax liability or the spouse's support of the spouse's tax liability or the spouse's support of the spouse's tax liability or the spouse's support of the spouse's tax liability or the spouse's support of the spouse's tax liability or the spouse's support of the spouse's tax liability or the spouse's support of the spouse's tax liability or tax liability or tax liability or tax liabili	pport	of someone	other	than you or yo	ur deper	dents.
	Below, specify the basis for excluding this income and the amount of income adjustments on a separate page. If this adjustment does not apply, enter 0 below.	e devo	oted to each	purpo	se. If necessar	y, list ad	ditional
	" this adjustment does not apply, enter o below. \$						
	\$			_			
	+\$			_			
	Total\$		0.00	0	Copy here=>		0.00
14. Y o	our current monthly income. Subtract line 13 from line 12.					\$	12,553.53
15. C a	alculate your current monthly income for the year. Follow these steps:						
	5a. Copy line 14 here=>					\$	12,553.53

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Debt	or 1	LISA	A RENEE TOTTEN RAMEY		Case number (if known)		
		М	ultiply line 15a by 12 (the number of months in a y	ear).		X	12
	15	o. Th	ne result is your current monthly income for the ye	ar for this part of	the form.	\$_	150,642.36
16	. Calo	ulate	the median family income that applies to you.	Follow these ste	eps:		
	16a	Fill in	the state in which you live.	NV			
	16b.	Fill in	the number of people in your household.	1			
	16c.	To fir	the median family income for your state and size and a list of applicable median income amounts, go actions for this form. This list may also be available	online using the		\$_	65,815.00
17	. Hov		he lines compare?		.,		
	17a.		Line 15b is less than or equal to line 16c. On the 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT				
	17b.		Line 15b is more than line 16c. On the top of pour 1325(b)(3). Go to Part 3 and fill out Calculating your current monthly income from line 14 above	ion of Your Disp			
Par	t 3:	Ca	Iculate Your Commitment Period Under 11 U.S	.C. § 1325(b)(4)			
18.	Сор	y you	r total average monthly income from line 11 .			\$	12,553.53
19.	cont spot	end thuse's i	ne marital adjustment if it applies. If you are man calculating the commitment period under 11 Uncome, copy the amount from line 13.	.S.C. § 1325(b)(4	e is not filing with you, and you s) allows you to deduct part of your	- \$	0.00
			ract line 19a from line 18.			\$	12,553.53
20.	Calo	ulate	your current monthly income for the year. Fo	llow these steps:			
	20a	Сору	/ line 19b			\$	12,553.53
		Multi	ply by 12 (the number of months in a year).			_ X	12
	20b.	The I	result is your current monthly income for the year	for this part of the	e form	\$_	150,642.36
	20c.	Сору	the median family income for your state and size	of household fro	om line 16c	\$_	65,815.00
	21.	How	do the lines compare?				
			Line 20b is less than line 20c. Unless otherwise of period is 3 years. Go to Part 4.	ordered by the co	urt, on the top of page 1 of this form, chec	k box 3, 7	The commitment
			Line 20b is more than or equal to line 20c. Unless commitment period is 5 years. Go to Part 4.	s otherwise order	ed by the court, on the top of page 1 of th	is form, ch	neck box 4, The
Par			gn Below				
	By s	igning	g here, under penalty of perjury I declare that the i	nformation on this	s statement and in any attachments is tru	e and corr	ect.
)			A RENEE TOTTEN RAMEY ENEE TOTTEN RAMEY				
	Sig	natur	e of Debtor 1				
		MM	cember 5, 2024 I/DD / YYYY				
	-		cked 17a, do NOT fill out or file Form 122C-2.				
	If yo	u che	cked 17b, fill out Form 122C-2 and file it with this	form. On line 39	of that form, copy your current monthly in	come from	line 14 above.

Debtor 1 LISA RENEE TOTTEN RAMEY Case number (if known)

Fill in	this information to	identify your case:				
Debtor	1 LISA REN	NEE TOTTEN RAMEY				
Debtor (Spous	r 2 se, if filing)					
United	States Bankruptcy C	court for the: District of Nevada				
Case r (if know	number wn)			☐ Check if	this is an amended	filing
Official	I Form 122C-2					
Cha	pter 13 Cal	culation of Your Dispo	sable Incom	е		04/22
	out this form, you wi itment Period (Offici	ill need your completed copy of <i>Chapt</i> ial Form 122C-1).	ter 13 Statement of You	ır Current Monthly Ind	come and Calculatio	n of
space i	is needed, attach a s	ate as possible. If two married people separate sheet to this form, Include the ur name and case number (if known).				
Part 1	Calculate Your	Deductions from Your Income				
the	questions in lines 6	ervice (IRS) issues National and Local -15. To find the IRS standards, go onli e available at the bankruptcy clerk's of	ne using the link speci			
exp	enses if they are high	ounts set out in lines 6-15 regardless of your than the standards. Do not include any act any amounts that you subtracted from	y operating expenses that	at you subtracted from	income in lines 5 and	
If yo	our expenses differ fro	om month to month, enter the average ex	pense.			
Note	e: Line numbers 1-4 a	are not used in this form. These numbers	apply to information req	uired by a similar form	used in chapter 7 cas	ses.
5.	The number of peo	ople used in determining your deduction	ons from income			
	plus the number of a	people who could be claimed as exempt any additional dependents whom you sup le in your household.			1	
Nati	ional Standards	You must use the IRS National Sta	ndards to answer the qu	estions in lines 6-7.		
6.		d other items: Using the number of peop dollar amount for food, clothing, and other		and the IRS National	\$	808.00
7.	the dollar amount fo people who are 65 of	th care allowance: Using the number of or out-of-pocket health care. The number or olderbecause older people have a high amount, you may deduct the additional a	of people is split into two gher IRS allowance for h	categoriespeople wh	no are under 65 and	

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ebtor 1	ᆫ	ISA RENEE TOTTEN RAMEY			Case number (if knowi	n)	
Peo	ple v	vho are under 65 years of age						
	7a.	Out-of-pocket health care allowance per person	\$	83				
	7b.	Number of people who are under 65	Χ	1				
	7c.	Subtotal. Multiply line 7a by line 7b.	\$	83.00	Copy here	=> \$	83.00	
Peo	ple v	vho are 65 years of age or older						
	7d.	Out-of-pocket health care allowance per person	\$_	158				
	7e.	Number of people who are 65 or older	X _	0				
	7f.	Subtotal. Multiply line 7d by line 7e.	\$_	0.00	Copy here:	=> \$	0.00	
	70	Total. Add line 7c and line 7f		\$	83.00		Copy total here=>	\$ 83.00
	ry.	Total. Add line 70 and line 71		Ψ_	03.00		Copy total here=>	Ψ
Loc	al C#	andards You must use the IRS Local Standards t	to ancu	or the guestions	in lines 9 15			
		n information from the IRS, the U.S. Trustee Pro		•		rd foi	r housing for	
		tcy purposes into two parts:	J -				3	
I	lous	ing and utilities - Insurance and operating exper	ises					
H	lous	ing and utilities - Mortgage or rent expenses						
	arate Hou	er the questions in lines 8-9, use the U.S. Truste instructions for this form. This chart may also busing and utilities - Insurance and operating expuse dollar amount listed for your county for insurance	oe avai enses:	lable at the bank Using the number	kruptcy clerk's o er of people you e	ffice.		569.00
9.	Hou	using and utilities - Mortgage or rent expenses:						
	9a.	Using the number of people you entered in line 5, listed for your county for mortgage or rent expense		e dollar amount		\$	1,494.00	
	9b.	Total average monthly payment for all mortgages a	and oth	er debts secured	by your home.			
		To calculate the total average monthly payment, a contractually due to each secured creditor in the 6 for bankruptcy. Next divide by 60.						
		Name of the creditor		Average monthl payment	у			
		-NONE-		\$				
		9b. Total average monthly paymen	nt	\$0.	00 Copy here=>	-\$_	0.00	Repeat this amount on line 33a.
	9c.	Net mortgage or rent expense.	L					
		Subtract line 9b (total average monthly payment) for rent expense). If this number is less than \$0, en		e 9a (<i>mortgage</i>	\$	1,4	Copy here=>	\$1,494.00
10.		ou claim that the U.S. Trustee Program's division ects the calculation of your monthly expenses, file				is in	correct and	\$
	Fx	plain why:						

 11. Local transportation expenses: Check the number of vehicles for which you claim an owners! □ 0. Go to line 14. ■ 1. Go to line 12. □ 2 or more. Go to line 12. 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for who operating expenses, fill in the Operating Costs that apply for your Census region or metropolitar 13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net owner You may not claim the expense if you do not make any loan or lease payments on the vehicle. 	nich you clai n statistical a rship or leas	m the area. \$	273.00
 ■ 1. Go to line 12. □ 2 or more. Go to line 12. 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for who operating expenses, fill in the <i>Operating Costs</i> that apply for your Census region or metropolitar 13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net owner 	n statistical a	area. \$	273.00
 ☐ 2 or more. Go to line 12. 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for who operating expenses, fill in the <i>Operating Costs</i> that apply for your Census region or metropolitar 13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership. 	n statistical a	area. \$	273.00
 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for who operating expenses, fill in the <i>Operating Costs</i> that apply for your Census region or metropolitar 13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net owner 	n statistical a	area. \$	273.00
operating expenses, fill in the <i>Operating Costs</i> that apply for your Census region or metropolitar 13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net owner	n statistical a	area. \$	273.00
operating expenses, fill in the <i>Operating Costs</i> that apply for your Census region or metropolitar 13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense.	n statistical a	area. \$	273.00
		se expense for each ve	
more than two vehicles.		you may not claim the	
Vehicle 1 Describe Vehicle 1: 2022 MERCEDES BENZ GLA AMG 15,200 miles			
13a. Ownership or leasing costs using IRS Local Standard\$	619.00		
13b. Average monthly payment for all debts secured by Vehicle 1.		_	
Do not include costs for leased vehicles.			
To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.			
Name of each creditor for Vehicle 1 Average monthly payment			
TD AUTO FINANCE \$ 924.00			
Total Average Monthly Payment \$ 924.00 Copy here =>	-\$	Repeat this amount on line 33b.	
13c. Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this number is less than \$0, enter \$0	0.00	Copy net Vehicle 1 expense here	0.00
\$ \$	0.00	<u> </u>	0.00
Vehicle 2 Describe Vehicle 2:		_	
13d. Ownership or leasing costs using IRS Local Standard	0.00	<u>0</u>	
13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.			
Name of each creditor for Vehicle 2 Average monthly payment			
\$			
Total average monthly payment \$ Copy here => -\$ _		Repeat this amount on line 33c.	
13f. Net Vehicle 2 ownership or lease expense		Copy net	
Subtract line 13e from line 13d. if this number is less than \$0, enter \$0	0.00	Vehicle 2 expense here => \$	0.00
14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local St Public Transportation expense allowance regardless of whether you use public transport		ill in the	0.00
15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if y also deduct a public transportation expense, you may fill in what you believe is the appropriate on not claim more than the IRS Local Standard for <i>Public Transportation</i> .	you claim th		0.00

Debtor 1 LISA RENEE TOTTEN RAMEY

Case number (if known)

16. Taxes: The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social sociality taxes, and Middicians taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly payor lided to pay for taxes. 17. Involuntary deductions: The not total monthly payorill deductions that your job requires, such as retirement contributions, union duse, and uniform costs. 18. It file Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spuces extent life insurance. The total monthly promiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spuces extent life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a count or administrative agency, such as spousal or child support. You will list these obligations in line 35. 10. Effucation: The total monthly amount that you pay for education that is either required: 11. as a condition for your job, or 12. for your physically or mentally challenged dependent child if no public education is available for similar services. 12. Childcare: The total monthly amount that you pay for childcare, such as behysiting, daycare, nursery, and preschool. 13. Do not include payments for any elementary or secondary school education. 14. Childcare: The total monthly amount that you pay for childcare such as the payment of the health and widered of you or your dependents and that is not include submit your payments for health neurance. 15. Childcare: The total month	Oth	er Nece	essary Expenses	the following IRS catego		ctions	listed above	, you are allowed your monthly expense:	s for	
contributions, union dues, and uniform costs. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your govace's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysiting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. Do not include payments for any elementary or secondary school education. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by prisonance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extern necessary for your health and vertice of or fire production of income, if it is not	16.	self-en your pa and su	nployment taxes, soo ay for these taxes. H ubtract that number fo	cial security taxes, and Me lowever, if you expect to re rom the total monthly amo	edicare eceive a	taxes. a tax r	You may inc efund, you m	clude the monthly amount withheld from just divide the expected refund by 12	\$	3,185.61
filing together, include payments that you make for your spouse's term life insurance, or for any form of life insurance or pour dependents, for a non-filing spouse's life insurance, or for any form of life insurance or pour dependents, for a non-filing spouse's life insurance, or for any form of life insurance or pour dependents. The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. Court of your physically or mentally challenged dependent child if no public education is available for similar services. Council or your physically or mentally challenged dependent child if no public education is available for similar services. Council or your physically or mentally challenged dependent child if no public education is available for similar services. Council or your physically or mentally challenged dependent child if no public education is available for similar services. Council or your physically or mentally challenged dependent child if no public education is available for similar services. Council or your dependent and the you pay for childscare, such as a babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. Council or the health insurance or health and veltare of you or dependents and that is not einbursed by insurance or health care that is required for the health not veltare of your opendents and that is not einbursed by insurance or health assurings accounts should be listed only in line 25. Council or the extent necessary for your health and vellare or that of your dependents. Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expenses of	17.	contrib	outions, union dues,	and uniform costs.					\$	0.00
administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 5. 0.00	18.	filing to Do not	ogether, include payr t include premiums fo	ments that you make for y or life insurance on your d	our spo	use's	term life insu	rance.	\$	8.58
20. Education: The total monthly amount that you pay for education that is either required: a sa a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 1. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 2. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and weffare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 3. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and weffare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. 4. Add all of the expenses allowed under the IRS expense allowances. Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expenses for health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings account sharp and the pay for the reasonable and health savings account that a pay to the re	19.							by the order of a court or		0.00
as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 1. Childcare: The total monthly amount that you pay for childcare, such as babyeitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 2. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and vellare of you or your dependents and that is nor terimbrused by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. 2. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and vellare of you or your dependents by a health isavings account. Include only the amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. 2. Do not include payments for health savings account and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. 2. Add all of the expenses allowed under the IRS expense allowances. 2. Add lines 6 through 23. 3. Additional Expense Deductions 3. These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. 3. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings account expenses. The monthly expenses for your spouse, or your dependents. 3. Health insurance 3. Sophish insurance in the part of your insurance and health savings account expenses. The actual monthl		Do not	You will list these obligations in line 35.	\$	0.00					
Tor your physically or mentally challenged dependent child if no public education is available for similar services. \$ 0.00	20.	Educa	required:							
21. Childcare: The total monthly amount that you pay for childcare, such as babysiting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or you'd ependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line? Payments for health insurance or health savings accounts should be listed only in line 25. 3. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or businesses cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, caller identification, special long distance, or businesses cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, caller identification, special long distance, or businesses cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. 4. \$ 35.00 4. Add all of the expenses allowed under the IRS expense allowances. Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expenses allowances listed in lines 6-24. 4. Health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance, disability insurance, and health savings accounts that ar		as a	a condition for your j	ob, or						
Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. 24. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expenses allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance \$ 217.81 Disability insurance \$ 217.81 Do you actually spend this total amount? No. How much do you actually spend? Yes \$ 217.81 Copy total here=> \$ 217.81 Poyen total here=> \$ 217.81 Copy total here=> \$ 20.00 Total Protection against family violence. The reasonably necessary monthly expenses that you will continue to pay for the reasonable and necessary care and support of an		for	your physically or me	entally challenged depend	lent chi	ld if no	public educ	ation is available for similar services.	\$	0.00
that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call vaulting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if if is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. 24. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance Disability insurance \$217.81 Do you actually spend this total amount? No. How much do you actually spend? Yes 217.81 Copy total heres \$0.00 Total \$217.81 Copy total heres \$0.00 Protection against family wollence. The reasonably necessary or and support of an elderty, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b) Protection against family violence. The reasonably necessary monthly e	21.						•	sitting, daycare, nursery, and preschool.	\$	0.00
for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. 4. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expenses allowances listed in lines 6-24. 1. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance Disability insurance \$ 217.81 Disability insurance \$ 217.81 Do you actually spend this total amount? No. How much do you actually spend? Yes 26. Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b) 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.	22.	that is by a h	\$	0.00						
expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. 4\$ 35.00 24. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance \$ 217.81 Disability insurance \$ 0.00 Health savings account \$ 217.81 Copy total here=> \$ 217.81 Do you actually spend this total amount? No. How much do you actually spend? Yes \$ 217.81 Copy total here=> Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b) 7 Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.	23.	for you phone income								
Add lines 6 through 23. Add lines 6 through 23. Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance \$ 217.81 Disability insurance \$ 0.00 Health savings account \$ 217.81 Copy total here=> \$ 217.81 Do you actually spend this total amount? No. How much do you actually spend? Yes 26. Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b) 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.									+\$	35.00
Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance \$ 217.81 Disability insurance \$ 0.00 Health savings account + \$ 0.00 Total \$ 217.81 Copy total here=> \$ 217.81 Do you actually spend this total amount? No. How much do you actually spend? Yes \$ \$ 217.81 Copy total here=> \$ 217.81 Copy total here=> \$ 217.81 Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.	24.			allowed under the IRS ex	pense	allow	ances.		\$	6,456.19
insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance \$ 217.81 Disability insurance \$ 0.00 Health savings account +\$ 0.00 Total \$ 217.81 Copy total here=> \$ 217.81 Do you actually spend this total amount? No. How much do you actually spend? Yes \$ \$	Add	itional	Expense Deduction							
Disability insurance Health savings account Total \$ 217.81 Copy total here=> \$ 217.81 Do you actually spend this total amount? No. How much do you actually spend? Yes \$ 26. Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b) Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.	25.	insura	nce, disability insura						or	
Health savings account + \$ 0.00 Total \$ 217.81 Copy total here=> \$ 217.81 Do you actually spend this total amount? No. How much do you actually spend? Yes \$		Health	insurance		\$		217.81			
Total \$ 217.81 Copy total here=> \$ 217.81 Do you actually spend this total amount? No. How much do you actually spend? Yes \$ Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b) 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.		Disabi	lity insurance		\$		0.00			
Do you actually spend this total amount? No. How much do you actually spend? Yes Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b) 7. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.		Health	savings account		+ \$ _		0.00			
No. How much do you actually spend? Yes Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b) 7. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.		Total			\$		217.81	Copy total here=>	\$	217.81
26. Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b) 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.		_ ′								
continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b) 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.			Yes		\$	S				
safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.	26.	continu	ue to pay for the reas ousehold or member	sonable and necessary ca r of your immediate family	re and who is	suppo unabl	ort of an elder e to pay for s	ly, chronically ill, or disabled member of uch expenses. These expenses may		0.00
0.00	27.									
			•	•				,	\$	0.00

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	LISA RENEE TOTTEN RAMEY Case number (if known)										
	Additional home energy costs. Your hom line 8.	ne energy costs are included in your insurance and operating expenses on									
	If you believe that you have home energy of 8, then fill in the excess amount of home er	costs that are more than the home energy costs included in expenses on linergy costs	ne								
	You must give your case trustee document amount claimed is reasonable and necessary	ation of your actual expenses, and you must show that the additional ary.		\$	0.00						
		dren who are younger than 18. The monthly expenses (not more than expendent children who are younger than 18 years old to attend a private or									
	You must give your case trustee document claimed is reasonable and necessary and r	ation of your actual expenses, and you must explain why the amount not already accounted for in lines 6-23.									
	* Subject to adjustment on 4/01/25, and evo	ery 3 years after that for cases begun on or after the date of adjustment.		\$	0.00						
		The monthly amount by which your actual food and clothing expenses are g allowances in the IRS National Standards. That amount cannot be more as in the IRS National Standards.									
		tional allowance, go online using the link specified in the separate so be available at the bankruptcy clerk's office.									
	You must show that the additional amount	claimed is reasonable and necessary.		\$	0.00						
	 Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4). 										
	Do not include any amount more than 15% of your gross monthly income.										
	32. Add all of the additional expense deductions. Add lines 25 through 31.										
Dedu	uctions for Debt Payment										
	or debts that are secured by an interest	in property that you own, including home mortgages, vehicle									
k	pans, and other secured debt, fill in lines										
Т	pans, and other secured debt, fill in lines	s 33a through 33e. nent, add all amounts that are contractually due to each secured									
Т	pans, and other secured debt, fill in lines o calculate the total average monthly paym	s 33a through 33e. nent, add all amounts that are contractually due to each secured			nonthly						
T c	coans, and other secured debt, fill in lines of calculate the total average monthly paym reditor in the 60 months after you file for ba Mortgages on your home	s 33a through 33e. nent, add all amounts that are contractually due to each secured nkruptcy. Then divide by 60.	pa	verage r syment							
Т	coans, and other secured debt, fill in lines o calculate the total average monthly paym reditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here	s 33a through 33e. nent, add all amounts that are contractually due to each secured			nonthly						
Т с 33а.	coans, and other secured debt, fill in lines o calculate the total average monthly paym reditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here Loans on your first two vehicles	s 33a through 33e. eent, add all amounts that are contractually due to each secured inkruptcy. Then divide by 60.	pa		0.00						
33a.	coans, and other secured debt, fill in lines of calculate the total average monthly paym reditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here	s 33a through 33e. ent, add all amounts that are contractually due to each secured inkruptcy. Then divide by 60.	pa		0.00						
Т с 33а.	coans, and other secured debt, fill in lines of calculate the total average monthly paym reditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here	s 33a through 33e. eent, add all amounts that are contractually due to each secured inkruptcy. Then divide by 60.	pa		0.00						
33a.	coans, and other secured debt, fill in lines of calculate the total average monthly paym reditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here	s 33a through 33e. ent, add all amounts that are contractually due to each secured inkruptcy. Then divide by 60.	pa		0.00						
33a. 33b. 33c. 33d.	coans, and other secured debt, fill in lines to calculate the total average monthly paym reditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here	s 33a through 33e. Inent, add all amounts that are contractually due to each secured inkruptcy. Then divide by 60. =>	pa		0.00						
33a. 33b. 33c. 33d.	coans, and other secured debt, fill in lines to calculate the total average monthly paym reditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts:	as 33a through 33e. Inent, add all amounts that are contractually due to each secured inkruptcy. Then divide by 60. =>	pa		0.00						
33a. 33b. 33c. 33d.	coans, and other secured debt, fill in lines to calculate the total average monthly paym reditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: e of each creditor for other secured debt	s 33a through 33e. Identify property that secures the debt Does payment include taxes or insurance? No	\$		0.00						
33a. 33b. 33c. 33d.	coans, and other secured debt, fill in lines to calculate the total average monthly paym reditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts:	as 33a through 33e. Inent, add all amounts that are contractually due to each secured inkruptcy. Then divide by 60. =>	pa		0.00						
33a. 33b. 33c. 33d.	coans, and other secured debt, fill in lines to calculate the total average monthly paym reditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: e of each creditor for other secured debt	s 33a through 33e. Identify property that secures the debt Does payment include taxes or insurance? No	\$		0.00						
33a. 33b. 33c. 33d.	coans, and other secured debt, fill in lines to calculate the total average monthly paym reditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: e of each creditor for other secured debt	as 33a through 33e. Inent, add all amounts that are contractually due to each secured inkruptcy. Then divide by 60. =>	\$		0.00						
33a. 33b. 33c. 33d.	coans, and other secured debt, fill in lines to calculate the total average monthly paym reditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: e of each creditor for other secured debt	as 33a through 33e. Identify property that secures the debt Does payment include taxes or insurance? No Yes Yes	\$ \$. \$. \$. \$		0.00						
33a. 33b. 33c. 33d.	coans, and other secured debt, fill in lines to calculate the total average monthly paym reditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: e of each creditor for other secured debt	as 33a through 33e. Identify property that secures the debt Does payment include taxes or insurance? No Yes Yes	\$ \$. \$. \$. \$		0.00						

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otor 1 LISA	RENEE TOTTEN RAMI	EY		Case	number (if known)			
	debts that you listed in lin- property necessary for yo				ı				
■ No.	Go to line 35.								
☐ Yes.	State any amount that you listed in line 33, to keep po Next, divide by 60 and fill in	ssession of your property (
Name of the	creditor	Identify property that secu	ires the debt		Total cure amo	ount		onthly c	ure
-NONE-				\$		÷	60 = \$		
				Total	\$	0.00	Copy total here=>	\$	0.00
	owe any priority claims - so due as of the filing date of				at		J		
☐ No.	Go to line 36.								
■ Yes.	Fill in the total amount of a ongoing priority claims, such	ch as those you listed in line							
	Total amount of all past-d	ue priority claims			\$ <u>2,9</u>	57.88	÷ 60	\$	49.30
36. Projecte	d monthly Chapter 13 plan	payment		;	\$				
Office of the Exec To find a l	nultiplier for your district as s the United States Courts (fo utive Office for United States ist of district multipliers that inclu nstructions for this form. This list	r districts in Alabama and N s Trustees (for all other dist ides your district, go online usin	North Carolin ricts). ng the link spe	a) or by cified in the	Κ	_			
Average	monthly administrative expe	nse			\$		Copy total nere=> \$		
37. Add all	of the deductions for deb	t payment. Add lines 33e tl	nrough 36.					\$	973.30
Total Deduc	tions from Income								
38. Add all d	of the allowed deductions.								
	ne 24, All of the expenses all e allowances	lowed under IRS	\$	6,456.19	_				
Copy lir	ne 32, All of the additional ex	pense deductions	\$	217.81	_				
Copy lir	ne 37, All of the deductions f	or debt payment	+\$	973.30	-				
Total de	eductions		\$	7,647.30	Copy total	here=>	\$	i	7,647.30

Debtor 1	LISA RENEE I	OTTEN RAMEY		_	Case	numbe	er (if known)		
Part 2:	Determine You	ır Disposable Income Under 11	U.S.C. § 1325(b)(2)					
		rent monthly income from line 1 Current Monthly Income and Ca						\$	12,553.53
c l di re	hildren. The month isability payments for eceived in accordan	Ily necessary income you receively average of any child support particle and dependent child, reported in Face with applicable nonbankruptcy anded for such child.	ents, or you	\$_	0.00				
eı in	41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19). 42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here							.70	
42. T o	otal of all deductio	ns allowed under 11 U.S.C. § 70	07(b)(2)(A). Co	py line 38 h	ere=>	\$	7,647	.30	
e: th	xpenses and you ha	ial circumstances. If special circuster on reasonable alternative, desmust give your case trustee a detacoumentation for the expenses.	scribe the speci	al circumsta	ances and	i			
Desc	ribe the special ci	rcumstances		Amount	of expe	nse			
	401(K) LOAN				274	.98			
				\$					
				\$					
			Total \$	2	74.98	Cop here	y => \$	274.98	
44. T e	otal adjustments.	Add lines 40 through 43.			=> \$	i	8,406.98	Copy here=> -\$	8,406.98
	•	thly disposable income under §	1325(b)(2). St	ubtract line 4	14 from lii	ne 39		\$	4,146.55
ha tir yo	change in income of ave changed or are me your case will be ou filed your petition	or expenses. If the income in Formular in	e date you filed v. For example, n, enter line 2 in	d your bank if the wage the second	ruptcy pet s reported column,	tition a d incr	and during the eased after		
Form	Line	Reason for change		Date o	f change		ncrease or decrease?	Amount of ch	ange
☐ 12: ☐ 12: ☐ 12: ☐ 12: ☐ 12: ☐ 12: ☐ 12:	2C-2 2C-1 2C-2 2C-1 2C-2					_	☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Increase ☐ Increase ☐ Decrease ☐ Increase	\$ \$	
☐ 12:							Decrease	\$	

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Debtor 1	LISA RENEE TOTTEN RAMEY	Case number (if known)
Part 4:	Sign Below	
E	By signing here, under penalty of perjury you declare that the information	ion on this statement and in any attachments is true and correct.
	/s/ LISA RENEE TOTTEN RAMEY LISA RENEE TOTTEN RAMEY	
1	Signature of Debtor 1	
Date	December 5, 2024	
	MM / DD / YYYY	

Debtor 1 LISA RENEE TOTTEN RAMEY

Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 06/01/2024 to 11/30/2024.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: WALMART

Income by Month:

medine of mondi.		
6 Months Ago:	06/2024	\$11,596.18
5 Months Ago:	07/2024	\$11,578.18
4 Months Ago:	08/2024	\$17,367.27
3 Months Ago:	09/2024	\$11,587.18
2 Months Ago:	10/2024	\$11,596.18
Last Month:	11/2024	\$11,596.18
	Average per month:	\$12,553.53